

## LCD for Wheelchair Options/Accessories (L11473)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L11473

**LCD Title**

Wheelchair Options/Accessories

**Contractor's Determination Number**

WCOA

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**CMS National Coverage Policy**

Pub. 100-3 (Medicare National Coverage Determinations Manual), Chapter 1, Sections 280.1, 280.3

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island

Vermont

**Oversight Region**

Region I

**DME Region LCD Covers**

Jurisdiction A

**Original Determination Effective Date**

For services performed on or after 10/01/1993

**Original Determination Ending Date**

**Revision Effective Date**

For services performed on or after 01/01/2009

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an option or accessory for a manual wheelchair to be covered, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item without first receiving the completed order, the item will be denied as not medically necessary. (See related Policy Article for information on order for power wheelchair accessories.)

Options and accessories for wheelchairs are covered if the patient has a wheelchair that meets Medicare coverage criteria and the option/accessory itself is medically necessary. Coverage criteria for specific items are described below.

If these criteria are not met, the item will be denied as not medically necessary.

**ARM OF CHAIR:**

Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the patient requires an arm height that is different than that available using nonadjustable arms and the patient spends at least 2 hours per day in the wheelchair.

An arm trough (E2209) is covered if the patient has quadriplegia, hemiplegia, or uncontrolled arm movements.

#### FOOTREST/ LEGREST:

Elevating legrests (E0990, K0046, K0047, K0053, K0195) are covered if:

- 1) The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
- 2) The patient has significant edema of the lower extremities that requires an elevating legrest; or
- 3) The patient meets the criteria for and has a reclining back on the wheelchair.

#### NONSTANDARD SEAT FRAME DIMENSIONS:

A nonstandard seat width and/or depth for a manual wheelchair (E2201-E2204) is covered only if the patient's physical dimensions justify the need.

#### WHEELS/TIRES FOR MANUAL WHEELCHAIRS:

A gear reduction drive wheel (E2227) is covered if all of the following criteria are met:

1. The patient has been self-propelling in a manual wheelchair for at least one year; and
2. The patient has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the patient's home. The PT, OT, or physician may have no financial relationship with the supplier; and
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

#### BATTERIES/ CHARGERS:

Up to two batteries (E2361, E2363, E2365, E2371, K0731, K0733) at any one time are allowed if required for a power wheelchair.

A non-sealed battery (E2360, E2362, E2364, E2372) will be denied as not medically necessary.

A dual mode battery charger (E2367) is not medically necessary. When it is provided as a replacement, payment is based on the allowance for the least costly medically appropriate alternative, E2366.

The usual maximum frequency of replacement for a lithium-based battery (E2397) is one every 3 years. Only one battery is allowed at any one time.

#### POWER TILT AND/OR RECLINE SEATING SYSTEMS (E1002-E1010):

A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating legrests will be covered if criteria 1, 2, and 3 are met and if criterion 4, 5, or 6 is met:

- 1) The patient meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices LCD; and
- 2) A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations documents the patient's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; and
- 3) The seating system is provided by a supplier that employs a RESNA-certified Assistive

Technology Professional (ATP) who specializes in rehabilitation wheelchairs and who has direct, in-person involvement in the selection of the seating system for the patient; and

4) The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or

5) The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or

6) The power seating system is needed to manage increased tone or spasticity.

If these criteria are not met, the power seating component(s) will be denied as not medically necessary.

#### POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

An attendant control is covered in place of a patient-operated drive control system if the patient meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

#### OTHER POWER WHEELCHAIR ACCESSORIES:

An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface is covered if the patient has a covered speech generating device. (Refer to the Speech Generating Devices LCD for details.)

#### MISCELLANEOUS ACCESSORIES:

Anti-rollback device (E0974) is covered if the patient self-propels and needs the device because of ramps.

A safety belt/pelvic strap (E0978) is covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.

One example (not all-inclusive) of a covered indication for swingaway, retractable, or removable hardware (E1028) would be to move the component out of the way so that a patient can perform a slide transfer to a chair or bed.

A manual fully reclining back option (E1226) is covered if the patient has one or more of the following conditions:

1) The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or

2) The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

If these criteria are not met, the manual reclining back will be denied as not medically necessary.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the Power Mobility Devices medical policy.

## Coverage Topic

Durable Medical Equipment  
Motorized/Power Wheelchairs  
Power Operated Vehicles (POVs)  
Wheelchair Options and Accessories  
Wheelchairs

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

#### HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service  
GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit  
KC - Replacement of special power wheelchair interface  
KX – Requirements specified in the medical policy have been met  
RB – Replacement of a part of DME furnished as part of a repair

#### HCPCS CODES:

##### ARM OF CHAIR:

E0973 WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH

E2209 ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH

K0015 DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH

K0017 DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH

K0018 DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH

K0019 ARM PAD, EACH

K0020 FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

L3964 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3965 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3966 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3968 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3969 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3970 SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM

L3972 SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL

L3974 SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR

FOOTREST/LEGREST:

E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH

E0952 TOE LOOP/HOLDER, ANY TYPE, EACH

E0990 WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH

E0995 WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH

E1020 RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR

K0037 HIGH MOUNT FLIP-UP FOOTREST, EACH

K0038 LEG STRAP, EACH

K0039 LEG STRAP, H STYLE, EACH

K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH

K0041 LARGE SIZE FOOTPLATE, EACH

K0042 STANDARD SIZE FOOTPLATE, EACH

K0043 FOOTREST, LOWER EXTENSION TUBE, EACH

K0044 FOOTREST, UPPER HANGER BRACKET, EACH

K0045 FOOTREST, COMPLETE ASSEMBLY

K0046 ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH

K0047 ELEVATING LEGREST, UPPER HANGER BRACKET, EACH

K0050 RATCHET ASSEMBLY

K0051 CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH

K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH

K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH

K0195 ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

NONSTANDARD SEAT FRAME DIMENSIONS:

E1011 MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)

E2201 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES

E2202 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES

E2203 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES

E2204 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES

K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR

REAR WHEELS FOR MANUAL WHEELCHAIRS:

E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH
K0065	SPOKE PROTECTORS, EACH
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH
K0073	CASTER PIN LOCK,EACH
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH

BATTERIES/CHARGERS:

- E2360 POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH
- E2361 POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)
- E2362 POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH
- E2363 POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
- E2364 POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH
- E2365 POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
- E2366 POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH
- E2367 POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH
- E2371 POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH
- E2372 POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH
- E2397 POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH
- K0733 POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

POWER SEATING SYSTEMS:

- E1002 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY
- E1003 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION
- E1004 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION
- E1005 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
- E1006 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
- E1007 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
- E1008 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
- E1009 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH
- E1010 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
- E2300 POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM
- E2301 POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM
- E2310 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR



CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE

E2311 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

E2312 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

E2313 POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH

E2321 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

E2322 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

E2323 POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

E2324 POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE

E2325 POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE

E2326 POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE

E2327 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE

E2328 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE

E2329 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE

E2330 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE

E2331 POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE

E2373 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

E2374 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL

RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY

E2375 POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

E2376 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

E2377 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE

E2399 POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE

OTHER POWER WHEELCHAIR ACCESSORIES:

E1016 SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH

E1018 HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH

E2351 POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE

E2368 POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY

E2369 POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY

E2370 POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY

E2381 POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2382 POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2383 POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH

E2384 POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2385 POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2386 POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2387 POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2388 POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2389 POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2390 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2391 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

E2392 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH

E2393	POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
K0098	DRIVE BELT FOR POWER WHEELCHAIR
MISCELLANEOUS ACCESSORIES:	
A9270	NON-COVERED ITEM OR SERVICE
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
E0705	TRANSFER DEVICE, ANY TYPE, EACH
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM

E2295 MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES

K0105 IV HANGER, EACH

K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

#### **ICD-9 Codes that Support Medical Necessity**

Not specified.

XX000 Not Applicable

#### **Diagnoses that Support Medical Necessity**

Not specified.

#### **ICD-9 Codes that DO NOT Support Medical Necessity**

Not specified.

#### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

#### **Diagnoses that DO NOT Support Medical Necessity**

Not specified.

### **General Information**

#### **Documentation Requirements**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request.

For options and accessories provided at the time of initial issue of a power wheelchair, once the supplier has determined the specific power mobility device that is appropriate for the patient based on the physician's order, the supplier must prepare a written document (termed a detailed product description) that lists the specific base (HCPCS code and either a narrative description of the item or the manufacturer name/model) and all options and accessories that will be billed separately. The supplier must list their charge and the Medicare fee schedule allowance for each separately billed item. If there is no fee schedule allowance, the supplier must enter "not applicable". The physician must sign and date this detailed product description and the supplier must receive it prior to delivery of the power wheelchair. A date stamp or equivalent must be used to document receipt date. The detailed product description must be available upon request.

For items provided other than at the time of initial issue of a power wheelchair, there must be a detailed written order which lists each item which will be billed separately and which is signed and dated by the physician. In these situations, the supplier's charges and Medicare allowances do not need to be included. This order must be received by the supplier prior to delivery.

If a power wheelchair accessory is delivered before a signed and dated order has been received by the supplier, it must be submitted with an EY modifier added to each affected HCPCS code.

For manual wheelchair accessories, the detailed written order must be received by the supplier before the claim is submitted.

If a manual wheelchair accessory is billed before a signed and dated order is received by the supplier, it must be submitted with an EY modifier after each affected HCPCS code.

For accessories provided at the same time as a power wheelchair, if the requirements related to a face-to-face examination (see related Power Mobility Devices Policy Article) have not been met, the GY modifier must be added to the codes for all accessories provided at the same time.

For accessories provided with a power wheelchair, if it is only needed for mobility outside the home, the GY modifier must be added to the codes for all accessories.

For a power wheelchair, if the coverage criteria that are specified in the Power Mobility Devices LCD have been met, a KX modifier must be added to the codes for all accessories provided at the same time. If the coverage criteria are not met, the KX modifier must not be used.

The medical necessity for all options and accessories must be documented in the patient's medical record and be available on request. This documentation might include information on why the patient needs the item, the patient's diagnosis, the patient's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs, etc.), the duration of the condition, the expected prognosis, and past experience using similar equipment.

Accessories to the wheelchair base must be billed on the same claim as the wheelchair base itself.

When billing option/accessory codes as a replacement, documentation of the medical necessity for the item, make and model name of the wheelchair base it is being added to, and the date of initial issue of the wheelchair must be available upon request.

Refer to the Supplier Manual for more information on documentation requirements.

## **Appendices**

### **Utilization Guidelines**

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### **Sources of Information and Basis for Decision**

Reserved for future use

### **Advisory Committee Meeting Notes**

### **Start Date of Comment Period**

09/14/2005

**End Date of Comment Period**

10/31/2005

**Start Date of Notice Period**

08/15/2006

**Revision History Number**

WCC011

**Revision History Explanation**

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Changed: Terminology from Assistive Technology Supplier/ Practitioner to Assistive Technology Professional.

HCPCS CODES AND MODIFIERS:

Added: E2230, E2295 (to Miscellaneous Accessories section), RB modifier.

Revised: KX modifier.

Deleted: RP modifier.

Revision Effective Date: 04/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Statements about the requirements for ATS or ATP involvement in the selection of power tilt and/or recline seating systems.

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11473 from DME PSC TriCenturion (77011) LCD L11473.

Revision Effective Date: 01/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage criteria for gear reduction wheel for manual wheelchair (E2227)

Added: Replacement guidelines for lithium-based battery (E2397)

HCPCS CODES:

Added: E2227, E2228, E2312, E2313, E2397

Revised: E0705, E2205, E2373

11/10/2007 - The description for CPT/HCPCS code E2205 was changed in group 4

11/10/2007 - The description for CPT/HCPCS code E2373 was changed in group 7

11/10/2007 - The description for CPT/HCPCS code E0705 was changed in group 9

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

HCPCS CODES:

Added: E2373-E2377, E2381-E2396

Revised: E0967, E2209

Deleted: K0090-K0097, K0099

Revision Effective Date: 11/15/2006

Implementation of the 10/1/2006 LCD revision has been delayed

DOCUMENTATION REQUIREMENTS:

Revised instructions for detailed product description.

Revision Effective Date: 10/01/2006

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Deleted codes for nonstandard seat frame dimensions for power wheelchairs.

Added coverage criteria for power tilt and/or recline power seating systems.

Removed code reference for attendant control.

Noted that push-rim activated power assist devices are addressed in the Power Mobility Devices policy.

**HCPCS CODES:**

Added: KX

Removed: E0986, E2320, E2340-E2343

**DOCUMENTATION REQUIREMENTS:**

Added requirement for detailed product description for items provided at the time of issue of a power wheelchair.

Added instructions for use of the GY and KX modifiers.

Revision Effective Date: 07/01/2006

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Added new battery code, K0733.

Deleted criteria for reclining backs for dates of service prior to 5/1/06.

**HCPCS CODES:**

Added: K0733

**ADVISORY COMMITTEE NOTES:**

Deleted statement which applied to changes made in a previous version.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

**HCPCS CODES AND MODIFIERS:**

Added: E0705, E2207-E2226, E2371, E2372

Revised: E0971

Discontinued: E0972, K0064, K0066-K0068, K0074-K0076, K0078, K0102, K0104, K0106, K0452

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Moved statement concerning orders for power wheelchair accessories to the Policy Article.

Revised general coverage criteria to reflect changes in the NCD.

Updated section with HCPCS code changes.

Added coverage criteria for attendant control of power wheelchair.

Added noncoverage statement for non-sealed batteries, effective 5/1/06.

Revised coverage criteria for manual reclining back effective 5/1/06.

Deleted noncoverage statement for a cane and crutch holder.

**DOCUMENTATION REQUIREMENTS:**

Revised instructions for EY modifier.

Eliminated use of the CMN.

Revised documentation requirements for replacement items.

Deleted instructions for billing E2399 and K0108.

Revision effective date: 04/01/2005

**HCPCS CODES AND MODIFIERS:**

Added: KC Modifier, E2205, E2206, E2368, E2369, E2370

Revised: E0951, E0952, E0967, E0978, E0986, E1010, E1011, E1014, E1225, E1226

Discontinued: K0059, K0060, K0061, K0081

**DOCUMENTATION REQUIREMENTS:**

Specified documentation when billing K0108 for nonstandard power wheelchair seat dimensions or when billing E2399.

Revision effective date: 07/01/2004

LMRP converted to LCD/ Policy Article format

**HCPCS CODES AND MODIFIERS:**

Discontinued: E0192, E0962-E0965, E1012, E1013, E1025-E1027, K0023, K0024, K0114-K0116.  
See Wheelchair Seating policy.

Moved: E0966, E0992 See Wheelchair Seating policy.

Removed E1028 from the Power Drive Control section. It remains in the Miscellaneous section.

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Removed coverage criteria for wheelchair seat and back cushions and related items. These are now addressed in the Wheelchair Seating policy.

Corrected the code range for nonstandard dimensions for power wheelchairs.

Deleted coverage criteria for one arm drive attachment (E0958).

Moved non-medical necessity coverage and payment rules to the related Policy Article.

**DOCUMENTATION REQUIREMENTS:**

Moved GY modifier instructions to Policy Article.

Deleted references to discontinued codes.

Revision effective date: 01/01/2004

**HCPCS CODES AND MODIFIERS:**

Added: A9270, A9900, E0950-E0952, E0955-E0957, E0959-E0961, E0966, E0967, E0972-E0974, E0978, E0981, E0982, E0985, E0986, E0990, E0992, E0995, E1002-E1010, E1028-E1030, E1225, E1226, E2201-E2204, E2300, E2301, E2310, E2311, E2320-E2331, E2340-E2343, E2351, E2360-E2367, E2399, RP

Discontinued: K0016, K0022, K0025-K0033, K0035, K0036, K0048, K0049, K0054, K0055, K0057, K0058, K0062, K0063, K0079, K0080, K0082-K0089, K0100, K0103, K0107

Revised: E0958

**CMS NATIONAL COVERAGE POLICY:**

Revises manual references.

**INDICATIONS AND LIMITATIONS OF COVERAGE:** Adds coverage guidelines for electrical connection devices for power seating systems (E2310, E2311) and electronic connection device for speech generating device (E2351).

States that the following items are noncovered: power seat elevation feature (E2300), power standing feature, electronic interface for lights/ other electrical devices.

States that a solid seat insert (E0992) is not separately payable.

Revises coverage criteria for nonstandard seat width and depth (E2201-E2204, E2340-E2343).

**CODING GUIDELINES:**Revises guidelines for use of RP modifier.

Revises list of codes that are invalid for claim submission to the DMERC.

Adds definitions for many new codes.

**APPENDICES:**Adds correct coding guidelines for: power tilt and/or recline systems, E1009, E1010, E2325. Revises correct coding guidelines for: manual wheelchair bases, power wheelchair bases, E0990, K0053, K0195.

Revision effective date: 04/01/2003

**HCPCS CODES AND MODIFIERS:**

Added: E0951, E0958, E0971, E1011-E1018, E1020, E1025-E1027, EY

Discontinued: K0021, K0034, K0101

Revised: K0082-K0089

**INDICATIONS AND LIMITATIONS OF COVERAGE:**

Adds standard language concerning coverage of items without an order.

Revises/adds statements concerning coverage of batteries and POV accessories that were previously published in a DMERC bulletin.

**CODING GUIDELINES:**

Moves Definitions section to this section.

Revises the definition of code K0116.

Adds previously published statement concerning coding of POV accessories.

Clarifies the billing of bilateral items.

**DOCUMENTATION REQUIREMENTS:**

Adds standard language concerning use of EY modifier for items without an order.

Revises standard language concerning use of CMNs.



**APPENDICES:**

Adds POVs and new adult tilt-in-space and pediatric wheelchair codes to the table.

Adds anti-tipping device (E0971) and wheel locks (K0081) to the accessories that are included in the allowance for power wheelchairs.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

03/01/1998 - Added "for wheelchair" to description for HCPCS code E0192.

06/01/1997 - Added HCPCS codes. Revised all sections of the policy.

10/01/1995 - Added codes K0053 and K0195 to statement in the Indications section as follows: "Elevating legrests (K0046-K0048, K0053, K0195) are covered if..."

04/01/1995 - Removed codes K0067, K0074, and K0094 from columns in Attachment 2 - Correct coding guidelines.

**Reason for Change****Last Reviewed On Date****Related Documents****Article(s)**

[A19829 - Wheelchair Options/Accessories - Policy Article - Effective January 2009](#)

**LCD Attachments**

There are no attachments for this LCD

**Article for Wheelchair Options/Accessories - Policy Article - Effective January 2009  
(A19829)**

**Contractor Information**

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

**Article Information**

**Article ID Number**

A19829

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Wheelchair Options/Accessories - Policy Article - Effective January 2009

**[Primary Geographic Jurisdiction](#)**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

**DME Region Article Covers**

Jurisdiction A

**Original Article Effective Date**

07/01/2004

**Article Revision Effective Date**

01/01/2009

**Article Text****NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

For an option or accessory for a power wheelchair to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to the receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

The allowance for a power operated vehicle (POV) includes all options and accessories that are provided at the time of initial issue, including but not limited to batteries, battery chargers, seating systems, etc. If a patient-owned POV meets coverage criteria, medically necessary replacement items are covered.

The allowance for a rollabout chair includes all options and accessories that are provided at the time of initial issue. The allowance for a transport chair includes all options and accessories that are provided at the time of initial issue except for elevating legrests (E0990, K0195). If a rollabout chair or transport chair are covered, medically necessary replacement items are covered.

An option/accessory that is beneficial primarily in allowing the patient to perform leisure or recreational activities is noncovered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable. (Refer to Coding Guidelines section for additional information on correct coding.)

**BATTERIES/ CHARGERS:**

A sealed battery (E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base.

There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.

A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base.

**POWER SEATING SYSTEMS:**

A power seat elevation feature (E2300) and power standing feature (E2301) are noncovered because they are not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as noncovered.

**POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:**

If an attendant control (E2331) is provided in addition to a patient-operated drive control system, it will be denied as noncovered. (See the related LCD for situations in which it is provided in place of a patient-operated system.)

**OTHER POWER WHEELCHAIR ACCESSORIES:**

An electronic interface used to control lights or other electrical devices is noncovered because it is not primarily medical in nature.

The following features of a power wheelchair will be denied as noncovered: stair climbing (A9270), electronic balance (A9270), ability to elevate the seat by balancing on two wheels (A9270), and remote operation (A9270).

#### MISCELLANEOUS ACCESSORIES:

Swingaway, retractable, or removable hardware (E1028) is noncovered if the primary indication for its use is to allow the patient to move close to desks or other surfaces. If it ordered for this indication, a GY modifier must be added to the code.

A manual standing system for a manual wheelchair (E2295) is noncovered (no benefit category) because it is not primarily medical in nature.

### **CODING GUIDELINES**

#### GENERAL:

Power Wheelchair Basic Equipment Package - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Legrests. There is no separate billing/payment if fixed, swingaway, or detachable non-elevating legrests with or without calf pad are provided. Elevating legrests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swingaway, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate billing/ payment if fixed, swingaway, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, seat width and/or depth greater than 20 inches;
  - For Heavy Duty, seat width and/or depth greater than 22 inches;
  - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
  - For Extra Heavy Duty, no separate billing
  
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, back width greater than 20 inches;
  - For Heavy Duty, back width greater than 22 inches;
  - For Very Heavy Duty, back width greater than 24 inches;
  - For Extra Heavy Duty, no separate billing

- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

Power Operated Vehicle (POV) Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation.

A table at the end of this section defines the bundling guidelines for wheelchair bases and options/accessories. Codes listed in Column II are not separately payable from the wheelchair base and must not be billed separately at the time of initial purchase or rental of the wheelchair.

A replacement option/accessory for POV is billed using a wheelchair option/accessory code. All options and accessories provided at the time of initial issue of a POV are not separately billable.

Accessories provided at the time of initial issue of a rollabout chair are not separately billable. Accessories provided with the initial issue of a transport chair are not separately billable with the exception of elevating legrests (E0990, K0195). A replacement accessory for a rollabout or transport chair is billed using code E1399.

The RB modifier is used when an option or accessory is provided as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type). The RB modifier must not be used for an upgrade subsequent to providing the wheelchair base (e.g., replacing a standard seat of a power wheelchair with a power seating system). The RB modifier must not be used if the accessory is provided at the same time as the wheelchair base, even if the option/accessory is the same as one that the patient had on a prior wheelchair. (See section on Power Wheelchair Drive Control Systems for instructions on the use of the KC replacement modifier.)

Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. When billing more than one line item with code K0108, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code A9900 must be used.

The right (RT) and left (LT) modifiers must be used when appropriate. If bilateral items (left and right) are provided as a purchase and the unit of service of the code is "each", bill both items on the same claim line using the LTRT modifiers and 2 units of service. If bilateral items are provided as a rental and the unit of service is "each", bill the items on two separate claim lines with the RT modifier on one line and the LT modifier on the other. If bilateral items are provided as a purchase or rental and the unit of service is "pair", bill both items on the same claim line using the LTRT modifiers and 1 unit of service.

Codes E0968, E0969, E0970, E0977, E0980, E0994, E0997-E0999, E1227, E1228, E1296-E1298,

E2320, E2340-E2343, and K0099 are not valid for claim submission.

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on correct coding.

#### FOOTREST/ LEGREST:

Elevating legrests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per legrest. Elevating legrests that are used with a capped rental wheelchair base are coded K0195. This code is per pair of legrests.

#### NONSTANDARD SEAT FRAME DIMENSIONS:

For all adult manual wheelchairs (E1161, K0001-K0009), payment for seat widths and/or seat depths of 15-19 inches is included in the payment for the base code. These seat dimensions should not be billed separately. Codes E2201-E2204 describe seat widths and/or depths of 20 inches or more for manual wheelchairs.

For power wheelchairs, there is no separate billing for nonstandard seat frame dimensions (width, depth, or height) with the following exceptions: For Group 3 and 4 power wheelchairs, with a sling/solid seat/back, the following items may be billed separately using code K0108:

- For Standard Duty, seat width and/or depth greater than 20 inches;
- For Heavy Duty, seat width and/or depth greater than 22 inches;
- For Very Heavy Duty, seat width and/or depth greater than 24 inches;
- For Extra Heavy Duty, no separate billing.

For Group 3 and 4 PWCs with a sling/solid seat/back, the following items may be billed separately using code K0108:

- For Standard Duty, back width greater than 20 inches;
- For Heavy Duty, back width greater than 22 inches;
- For Very Heavy Duty, back width greater than 24 inches;
- For Extra Heavy Duty, no separate billing.

Code K0108 may not be billed for nonstandard dimensions of a power tilt and/or recline seating system (E1002-E1008). The definition of those codes includes any frame width and depth.

#### WHEELS/TIRES FOR MANUAL WHEELCHAIRS:

A propulsion wheel is a large wheel which can be used by a beneficiary to propel the wheelchair with his/her arms.

A caster is a small wheel that is in contact with the ground during normal operation of the wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.

A pneumatic tire (E2211, E2214) is a rubber tire which is used in conjunction with a separate tube (E2212, E2215) which is filled with air. A valve (E2223) is part of the tire tube and is only separately payable if just the valve is replaced on an existing tire tube.

A flat free insert (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (E2216, E2217) is one in which a rubber tire shell has been filled with foam which is nonremovable.

A foam tire (E2218, E2219) is one which is made entirely of self-skinning urethane.

A solid tire (E2220, E2221, E2222) is one which is made of hard plastic or rubber.

A gear reduction drive wheel (E2227) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair.

A wheel braking and lock system (E2228) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.

A rear wheel assembly (K0069, K0070) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.

A caster assembly (K0071, K0072, K0077) includes a caster fork, wheel rim, and tire.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the Power Mobility Devices medical policy.

#### POWER SEATING SYSTEMS:

A power tilt seating system (E1002) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; back height of at least 20 inches; ability for the supplier to adjust the seat to back angle; ability to support patient weight of at least 250 pounds.

A power recline seating system (E1003-E1005) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height arm rests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support patient weight of at least 250 pounds.

A power tilt and recline seating system (E1006-E1008) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support patient weight of at least 250 pounds.

A mechanical shear reduction feature (E1004 and E1007) consists of two separate back panels. As the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the patient's back to stay in contact with the anterior panel without sliding along that panel.

A power shear reduction feature (E1005 and E1008) consists of two separate back panels. As the

posterior back panel reclines or raises there is a separate motor which controls the linkage between the two panels and allows the patient's back to stay in contact with the anterior panel without sliding along that panel.

A mechanically linked leg elevation feature (E1009) involves a pushrod which connects the legrest to a power recline seating system. With this feature, when the back reclines, the legrest elevates; when the back raises, the legrest lowers.

A power leg elevation feature (E1010) involves a dedicated motor and related electronics with or without variable speed programmability which allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating legrests. The unit of service of code E1010 is a pair.

A power seat elevation system (E2300) includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.

A power standing system (E2301) includes: a solid seat platform and a solid back; detachable or flip-up fixed height armrests; hinged legrests; anterior knee supports; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to move the patient to a standing position; ability to support patient weight of at least 250 pounds.

Codes E2310 and E2311 describe the electronic components that allow the patient to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or nonproportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. It includes a function selection switch which allows the patient to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface. Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present).

#### POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc. (Note: In the Power Mobility Devices policy, the term "control input device" is used instead of "interface".)

A proportional interface is one in which the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick.

A nonproportional interface is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a nonproportional interface is a sip-and-puff mechanism.

The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. A high power wire harness connects the controller to the motor and gears.



A non-expandable controller has the following features:

- May have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating legrests). (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)
- Can accommodate only an integral joystick or a standard proportional remote joystick.
- May allow for the incorporation of an attendant control.

An expandable controller is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

For power wheelchairs which are capable of being upgraded to an expandable controller (K0835 - K0891), E2377 is used if an expandable controller is provided at the time of initial issue.

A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware. Code E2312 is separately billable in addition to an expandable controller both at initial issue and with complete replacement of the expandable controller. However, if individual components of the harness are replaced, code K0108 should be used.

A switch is an electronic device which turns power to a particular function either "on" or "off". The external component of a switch may be either mechanical or nonmechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of nonmechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a nonproportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the patient having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

A direction change switch allows the patient to change the direction that is controlled by another

separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time.

A function selection switch allows the patient to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.

An integrated proportional joystick and controller is an electronics package in which a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

The interfaces described by codes E2312, E2321, E2322, E2325, E2327-E2330, and E2373-E2377 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A remote joystick is one in which the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.

A standard proportional remote joystick is one which requires approximately 340 grams of force to activate and which has an excursion (length of throw) of approximately 25 mm from neutral position. It can be used with a non-expandable or an expandable controller. There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair whether it is used for hand or chin control by the patient or whether it is used as an attendant control in place of a patient-operated drive control interface.

A mini-proportional (short throw) remote joystick (E2312) is one which can be activated by a very low force (approximately 25 grams) and which has a very short displacement (a maximum excursion of approximately 5 mm from neutral). It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., tongue, lip, finger tip, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A compact proportional remote joystick (E2373) is one which has a maximum excursion of about 15 mm from neutral position but requires approximately 340 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A touchpad is an interface similar to the pad-type mouse found on portable computers. It is billed with code E2399.

Code E2321 is used for a nonproportional remote joystick, regardless of whether it is used for hand or chin control.

When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.

Code E2322 describes a system of 3-5 mechanical switches which are activated by the patient touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code.

Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick -

e.g., U shape or T shape - or that have some other nonstandard feature - e.g., flexible shaft.

A sip and puff interface (E2325) is a nonproportional interface in which the patient holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code E2326.

A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the patient's head pressing on the headrest control the direction and speed of the wheelchair. A mechanical direction control switch is included in the code.

A proportional, electronic head control interface (E2328) is one in which a patient's head movements are sensed by a box placed behind the patient's head. The direction and amount of movement of the patient's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the patient's arm or leg control the direction and speed of the wheelchair.

A nonproportional, contact switch head control interface (E2329) is one in which a patient activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

A nonproportional, proximity switch head control interface (E2330) is one in which a patient activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

An attendant control is one which allows a caregiver to drive the wheelchair instead of the patient. The attendant control is usually mounted on one of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick. Code E2331 is used when an attendant control is provided in addition to a patient-operated drive control interface.

Codes E2374-E2376 describe components of drive control systems. They may only be used for replacements other than at the time of initial issue.

Code E2399 (not otherwise classified interface) is appropriately used at the time of initial issue only when the drive control interface that is provided is not included in the base code and there is no specific E code which describes it.

Code E2399 (not otherwise classified interface) is appropriately used at the time of replacement in the following situations:

1. An integrated proportional joystick and controller box are being replaced due to damage; or
2. An interface other than a remote joystick (e.g. sip and puff, head control) is being replaced but the controller is not being replaced; or
3. There is no specific E code which describes the type of drive control interface system which is provided.

The KC modifier (replacement of special power wheelchair interface) is used in the following situations:

1. Due to a change in the patient's condition an integrated joystick and controller is being replaced by another drive control interface - e.g., remote joystick, head control, sip and puff, etc.; or
2. The patient had a drive control interface described by codes E2321-E2322, E2325, E2327-E2330, or E2373 and both the interface (e.g., joystick, head control, sip and puff) and the controller electronics are being replaced due to irreparable damage.

The KC modifier would never be used at the time of initial issue of a wheelchair.

The KC modifier specifically states replacement, therefore, the RB modifier is not required. The KC modifier is not used when billing code E2399.

#### OTHER POWER WHEELCHAIR ACCESSORIES:

A drive wheel is one which is directly controlled by the motor of the power wheelchair. It may be either a rear wheel, mid wheel, or front wheel, depending on the model of the power wheelchair.

A caster is a smaller wheel that is in contact with the ground during normal operation of the wheelchair and which not directly controlled by the motor. It may be in the front and/or rear, depending on the location of the drive wheel.

A pneumatic tire (E2381, E2384) is a rubber tire which is used in conjunction with a separate tube (E2382, E2385) which is filled with air. A valve (E2393) is part of the tire tube and is only separately payable if just the valve is replaced on an existing tire tube.

A flat free insert (E2383) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (E2386, E2387) is one in which a rubber tire shell has been filled with foam which is nonremovable.

A foam tire (E2388, E2389) is one which is made entirely of self-skinning urethane.

A solid tire (E2390, E2391, E2392) is one which is made of hard plastic or rubber.

All types of tires and wheels are included in the code for a power mobility base. Codes E2381-E2396 may only be used for replacements other than at the time of initial issue.

Code E2351 describes an electronic interface used with a speech generating device. An electronic interface that is used to allow lights or other electrical devices to be operated using the power wheelchair control interface must be billed with code A9270 (non-covered item).

Codes E2368-E2370 are for a replacement motor and/or gearbox. These codes are not used at the time of initial issue. If the item is a rebuilt component, the UE (used DME) modifier must be added to the code.

#### MISCELLANEOUS:

Code E1028 is used for:

1. Swingaway hardware used with remote joysticks or touchpads,
2. Swingaway or flip-down hardware for head control interfaces E2327-E2330, and
3. Swingaway hardware for an indicator display box that is related to the multi-motor electronic

connection codes E2310 or E2311.

Code E1028 is not to be used for swingaway hardware used with a sip and puff interface (E2325) because swingaway hardware is included in the allowance for that code. See Wheelchair Seating Policy Article for information concerning uses of E1028 for positioning accessories.

Code E1029 describes a ventilator tray which is attached in a fixed position to the wheelchair base or back. Code E1030 describes a ventilator tray which is attached to the seat back and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

Code E1225 describes a manually operated reclining back that can recline greater than 15 degrees but less than 80 degrees. Code E1226 describes a manually operated reclining back that reclines 80 degrees or greater.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2223, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072
Power Wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2393, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
Power Wheelchair Base Groups 3, 4, and 5(K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2393, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2212	E2223
E2215	E2223

E2325	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2223, E2224
K0071	E2214, E2215, E2223, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

**Coverage Topic**

Durable Medical Equipment  
 Motorized/Power Wheelchairs  
 Power Operated Vehicles (POVs)  
 Wheelchair Options and Accessories  
 Wheelchairs

**Coding Information**

**No Coding Information has been entered in this section of the article.**

**Other Information**

**Other Comments**

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19829 from DME PSC TriCenturion (77011) Article A19829.

**Revision History Explanation**

Revision Effective Date: 01/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage statement for E2230.

CODING GUIDELINES:

Replaced: RP with RB modifier and revised instructions.

Revised: Billing instructions for bilateral items.

Changed: References from SADMERC to PDAC.

Changed: Statement concerning E0968, E1228 to indicate that they are invalid for claim submission.

Added: E2373 to instructions for KC modifier.

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19829 from DME PSC TriCenturion (77011) Article A19829.

Revision Effective Date: 01/01/2008:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Statement concerning dual mode battery chargers.

**CODING GUIDELINES:**

Added: Guidelines for codes E2227, E2228, E2312, E2313, E2377

Added: Guidelines for standard proportional remote joysticks.

Revised: Guidelines for E2373

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

**CODING GUIDELINES:**

Revised definition of the Basic Equipment Package for power wheelchairs.

Added K0099 to the list of invalid codes.

Revised Nonstandard Seat Dimensions section to specify when they are separately billable with power wheelchairs.

Revised PWC Drive Controls section, adding new codes E2373-E2377

Revised coding guidelines for E2399.

Revised coding guidelines for power wheelchair tires.

In correct coding table for power wheelchairs, added E2374-E2376, E2381-E2396 and deleted K0090-K0097 and K0099 to column II.

Revised correct coding table to indicate the adjustable angle footplates (K0040) are separately billable with Groups 3, 4, and 5 PWCs.

In correct coding table for power tilt/recline systems, deleted K0023 and K0024 from Column II.

In correct coding table, eliminated column I codes K0090, K0092, and K0096 and corresponding column II codes.

Revision Effective Date: 11/15/2006

Implementation of the 10/1/2006 Policy Article revision has been delayed

Revision Effective Date: 10/01/2006

**CODING GUIDELINES:**

Added E2320 and E2340-E2343 to the list of invalid codes.

Revised statements about nonstandard seat dimensions for power wheelchairs.

Moved definition of push rim activated power assist device to Power Mobility Devices Policy Article.

Removed mention of codes E1019 and E1021 which have been discontinued.

Revised definitions of controllers.

Revised coding guidelines for remote joysticks, attendant controls, and E2399.

Added definitions for power wheelchair tires.

Added new power mobility device codes to the bundling table.

Revision Effective Date: 07/01/2006

**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

Added new battery code, K0733.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

Added requirement for a written order prior to delivery for power wheelchair accessories.

Added statement concerning accessories for rollabout chair and transport chair.

Revised the types of batteries that are separately payable with power wheelchairs.

Revised noncoverage statement concerning attendant control for power wheelchairs.

Updated section with HCPCS code changes.

**CODING GUIDELINES:**

Updated section with HCPCS code changes.

Added guidelines for accessories for rollabout and transport chairs.

Added definitions for tires and wheels for manual wheelchairs.

Added rollabout chairs and transport chairs to the correct coding table.  
Added E2212 and E2215 to the correct coding table as column I codes.  
Revised the Column II codes in the correct coding table for Column I codes for Manual Wheelchairs, Power Wheelchairs, K0069, K0070, K0071, K0072, K0077.

Revision effective date: 04/01/2005

**CODING GUIDELINES:**

Revised RT and LT instructions for capped rental items.  
Revised instructions for nonstandard seat dimensions for power wheelchairs.  
Added to the definition of E1010.  
Revised definition of controller electronics and clarified the definition of a remote joystick.  
Added definition of integrated joystick and controller.  
Added definition of E2399.  
Added guidelines for use of KC modifier.  
Added instructions for replacement motor and gearbox.  
Updated the correct coding list for manual and power wheelchairs with new codes E1229, E1239, E2205, E2206, and E2368-E2370.

Revision effective date: 07/01/2004

LMRP converted to LCD/Policy Article format.

**HCPCS CODES AND MODIFIERS:**

Discontinued: E0192, E0962-E0965, E1012, E1013, E1025-E1027, K0023, K0024, K0114-K0116.  
See Wheelchair Seating policy.  
Moved: E0966, E0992 See Wheelchair Seating policy.  
Removed E1028 from the Power Drive Control section. It remains in the Miscellaneous section.

**CODING GUIDELINES:**

Moved coding guidelines for E0966 and E0992 to Wheelchair Seating Policy Article.  
For power recline seating systems (E1003-E1005), clarified that fixed or swingaway detachable legrests are included.  
Added a statement indicating that codes E1019 and E1021 are invalid for claim submission to the DMERC.  
Moved guidelines for manually reclining backs (E1225, E1226) to Miscellaneous Accessories section and revised the definitions. Said that these codes may be used with manual and power wheelchairs.  
Revised definitions for flat free inserts for manual and power wheelchairs.  
**APPENDIX:**  
Revised explanation at beginning of table.  
Deleted codes K0008 and K0013 which have been discontinued.

**Related Documents**

**LCD(s)**

[L11473 - Wheelchair Options/Accessories](#)